

# WEEKLY LOG SUMMARY – WORRYING/SCARED

Name \_\_\_\_\_ Age \_\_\_\_\_ Week of \_\_\_\_\_ Name of Observer(s) \_\_\_\_\_

## I. WORRY PROFILE (MARK HIGHEST WORRY LEVEL EACH HOUR)

	<i>S</i> <i>L</i> <i>E</i> <i>E</i> <i>P</i> (A.M.)												<i>O</i> <i>L</i> (P.M.)												<i>S</i> <i>L</i> <i>E</i> <i>E</i> <i>P</i>				
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12					
MON																													
TUES																													
WED																													
THUR																													
FRID																													
SAT																													
SUN																													

### (CODE)

- (1) - *No* WORRY OR BEING SCARED; general feeling of wellbeing.
- (2) - *A Little* WORRY OR BEING SCARED; no interference with home, school, or play activities.
- (3) - *Some* WORRY OR BEING SCARED; symptoms of worry or fright take effort to manage but interfere little.
- (4) - *Much* WORRY OR BEING SCARED; many symptoms of worry or fright and interference with activities.
- (5) - *Very Much* WORRY OR BEING SCARED; general inability to engage in home, school, or play activities.

(S) - Slept all of the hour; general feeling of wellbeing

(A) - Awake during part of the hour

(NM)- Woke up because of nightmare

## II. EXTERNAL SOURCES OF WORRY - List several things that you related to this week that caused or resulted in any significant discomfort in you.

1. \_\_\_\_\_
2. \_\_\_\_\_

## III INTERNAL SOURCES OF WORRY – Internal Stressors: List any recurring worries that caused or resulted in any feeling of discomfort in you.

1. \_\_\_\_\_
2. \_\_\_\_\_